

ECSE Immunization Record

Name _____ Birthdate _____ Date of Enrollment _____

FOR OFFICE USE:	
()	Legal requirements complete:
	• Preschooler (4 DTP, 3 polio, 1 MMR, and at least 1 Hib)
	• School-aged (5 DTP, 4 polio, 1 MMR)
()	In process; 18 months expires _____
()	Medical exemption for _____
()	Conscientious objection for _____

IMMUNIZATION HISTORY

Fill in the MO/DAY/YR information for children 2 months of age and older. Vaccines in shaded boxes are not required by law. If child received a combined shot (like DTP-Hib), write the date in all the boxes that apply.					
Diphtheria, Tetanus, Pertussis (DTP)	Vaccine		MO	DAY	YR
• 3 doses during 1st year (at 2 month intervals)		1			
• 4th dose at 12-18 months		2			
• 5th dose at 4-6 years or at school entrance		3			
		4			
Indicate vaccine type: DTaP, DTP, or DT.		5			
Polio (IPV and/or OPV)	Vaccine		MO	DAY	YR
• 3 doses at 2-18 months		1			
• 4th dose at 4-6 years or at school entrance		2			
		3			
		4			
Measles, Mumps, Rubella (MMR)			MO	DAY	YR
• Required for children 15 months and older		1			
• Must be given on or after 1st birthday					
• 2nd dose at 4-6 years		2			
Haemophilus Influenzae type b (Hib)	Vaccine		MO	DAY	YR
• 3-4 doses for children 2-15 months (at least 1 dose after 12 months)		1			
• 1 dose for previously unvaccinated children 15 months - 5 years					
• Not indicated for children 5 years or older		2			
		3			
		4			
Hepatitis B (HBV)-required for Kindergarten	Vaccine		MO	DAY	YR
• 3 doses between birth and 18 months		1			
		2			
		3			
Varicella (Chicken Pox)			MO	DAY	YR
• 1 dose between 12-18 months		1			

SIGNATURE(S)

- A. For children who are 15 months or older and who have received all the immunizations required by law for ECSE (4 DTP, 3 polio, 1 MMR, and at least 1 Hib):

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for ECSE.

Signature of Parent/Guardian or Physician/Public Clinic _____ Date _____

- B. For children who are younger than 15 months and/or who have not received all the immunizations required by law for ECSE (4 DTP, 3 polio, 1 MMR, and at least 1 Hib):

I certify that the above-named child has received the immunizations indicated to the left and: _____ will complete the immunizations required by law for ECSE within 18 months; and/or _____ immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunization(s) _____

and/or _____ the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.

Signature of Physician or Public Clinic _____ Date _____

- C. If the parent/guardian conscientiously opposes immunizations:

I hereby certify by notarization that:
 _____ I am opposed to all immunizations.
 _____ I am opposed to only the vaccines indicated and have had my physician or health care provider complete Section B above. Vaccine(s) I oppose are: _____

Signature of Parent/Guardian _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Signature of notary public _____
 (A copy of the notarized statement will be forwarded to the commissioner of health.)



Notary Public Stamp
 IC#140-0472 HE 01476-01 (MDH, 2/01)